



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2018

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 67757		2. Exact name of the Corporation COVE PROPERTIES OF WICKFORD, INC		
3. Principal office address 58 COLLATION CIRCLE		City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 53140		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island TO OWN, DEVELOP, REPAIR, RENT, AND GENERALLY DEAL WITH REAL AND PERSONAL PROPERTY				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name ROBERT JOHNSTON		Vice-President Name		
Street Address CENTER ROAD		Street Address		
City BLOCK ISLAND	State RI	Zip 02807	City	State Zip
Secretary Name STEPHEN HEARD		Treasurer Name		
Street Address 41 NEWPORT AVE		Street Address		
City NORTH KINGSTOWN,	State RI	Zip 02852	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		8000	COMMON	1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 19 2018

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Marjorie Johnston 1-16-18
 Signature of Authorized Representative Date

MARJORIE JOHNSTON

Print or Type Name of Authorized Representative